

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

	INC.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS
PTO-376

2	1	1	1	1	1	1
2	1	1	1	1	1	1

TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1